NATIONAL TRANSPORTATION SAFETY BOARD PILOT/OPERATOR AIRCRAFT ACCIDENT/INCIDENT REPORT This form to be used for reporting civil and public use aircraft accidents and incidents

BASIC INFORMATION	ON Property	11	11000	ACCOUNT.					4.00	
Accident/Incident Location		Date/Time								
Nearest City/Place: Phoenix	<u> </u>	Sta	te: AZ	Date: 07/27/2007 Local Time: 1246						
ZIP: 85034 Count	ry: USA			mm/dd/y	vyy	т:	M	ST		
Latitude: (dd:n	nm:ss N/S) Longitude:	(dd	d:mm:ss E/W)							
Phase of Operation			-	Collision with Other Aircraft Altitude of In-Flight						
Standing Takeoff (inc	il. initial climb)			Midair			Occurren	ice		
☐ Taxi ☐ Climb ☐ Descent ☐ Landing	☐ Man			☐ On-ground ☐ None	,			2,100	ft MSL	
AIRCRAFT INFORM			10000					lihita.		
Manufacturer: AMERICA	N EUROCOPTER			Max Gross V	Veight:	_	4,961 lbs			
Model: AS 350 B2				Weight at Ti	me of Accide	nt/Inc	ident:		lbs	
Serial Number: 2883				Location of	Center of Gra	avity a	t Time of	Accident/I	ncident:	
Registration Number: N6	13TV	Amateur-built	: ☐ Yes 🗹 No					or 🔲 datu		
				-or				ynamic Cord		
	ype of Airworthiness (Check all that apply)	Certificate	Number of S	Seats:	<u>6</u> [·]		ig Gear	Retra		
	tandard Spec	rial	If Large Aircra	aft, how many seats	s for:		any additio uration that	nal landing g	ear	
☐ Blimp/Dirigible		estricted		•		Tri			ailwheel	
H Gilder	Utility Li	mited		ew:	-		-			
☑ Helicopter ⊨		ovisional sperimental	Cabin Cre	w:	—		iphibian ergency Flo		igh Skid kid	
Powered lift Ultralight	□ S _I	ecial Flight	Passengers	s:		☐ Flo	at	□ si	ki	
Unknown	Li	ght Sport		Hull Ski/Wheel						
Type of Maintenance Prog	ram	Last Inspect	tion Type		Date Last			7/24/2007		
Annual		☑ 100 Hour		s Airworthiness	Date Last	inspec	m	m/dd/yyyy		
Conditional (Amateur-built		AAIP	Conditions	al Inspection						
Manufacturer's Inspection P Other Approved Inspection I	rogram Program (AAIP)	Annual Annual	Unknown		Airframe 7				310 hrs	
☐ Continuous Airworthiness			8,	•	l		at (check	•	l	
Other, specify:		C/ 11 ***						ime of Accid		
IFR Equipped ☐ Yes ☑ No ☐ Unknow			i g System Insta No · □ Unknown		Type of Fin	e Exti	inguishing	System		
LI 165 WINO CHRIOW	11	Lites LZII	No · L Unknown	1	Specify _					
	,									
	Activated	ELT Manufa	acturer: ARTE	Χ						
✓ Yes No Ye	es No	Model/Series	s: 453-0190	:						
ELT Aided in Locating Acc	cident/Incident	l	er: <u>E-00572</u>							
Yes No		Battery Type	e: ·			Batter	y Exp. Da	ate: 9/2008	3	
Engine Type	Reciprocatin	g Fuel P	ropeller	-				<u>`</u>		
Reciprocating Turbo			-							
✓ Turbo Shaft☐ Turbo Prop☐ Unknown			Fixed Pitch Controllable Pit	Manufac	cturer:		_	,		
L Turbo Frop Crikito	wii Last and and	<u> </u>		Model: _	Ir.,, D.4					
		٠			Engine Rated Power Measi	ıred		Time	Time	
				Date	as (check one,		Total	Since	Since	
Engine Engine Manufacture	Engine Model/Series		iufacturer's al Number	of Mfg. mm/dd/yyyy	Horsepov		Time (hours)	Inspection (hours)	Overhaul (hours)	
Eng. 1 TURBOMECA	ARIEL 1D1	9212	ai i allingei	11/1991		732	5,172	(IIOurs)	2,177	
Eng. 2	,									
Eng. 3										
Eng. 4										

OWNER/OPERATOR IN	IFORMATIO	N. J. State of the Control of the Co		1				
Registered Aircraft Owner		Owner Address						
Name: MAC AMERICA COMM	IUNICATIONS,	INC.		City: 5555 N. 7TH				
Fractional Ownership Aircraft:	Yes No			State: AZ Country: USA				
Operator of Aircraft	Same As Registered	d Owner	_	Operator Address Same As Registered Owner				
l n · n · .		·		City:				
Doing Business As: Air Carrier/Operator Designator ((4 Character Code	a).		State: ZIP:				
Regulation Flight Conducted U		Country: Revenue Sightseeing Flight						
l `	FAR 91 Special	Revenue signiseem						
☐ FAR 103 ☐ FAR 133 ☐ FAR 121 ☐ FAR 135 ☐	Non-US, Commo	ercial	tate Local	Air Medical Flight	_			
Purpose of Flight for FAR 91, 103, 133, 137 (Select of	one)	Revenue Operation for FAR 121, 125, 129, 135 (S	elect one)	Type of Commercia (Check all that apply)	al Operating Certificate Held			
for FAR 91, 103, 133, 137 (Select one) Personal Business Executive/Corporate Other Work Use Instructional Ferry Positioning Aerial Application		☐ Scheduled or Commuter ☐ Non-Scheduled or Air Taxi Domestic or International ☐ Domestic ☐ International		None Flag Carrier Operating Certificate (121) Supplemental Air Cargo Foreign Air Carriers (129) Commuter Air Carrier (135) On-Demand Air Taxi (135) Large Helicopter (127)				
Aerial Observation		Cargo Operation	-	☐ Rotorcraft External				
☐ Air Drop☐ Air Race / Show		Passenger/Cargo Passenger How	manv?	- or - Agricultural Aircrai	• •			
Flight Test		Cargolbs	1114,					
☐ Public Use ☐ Unknown		☐ Mail		Other Operator of Large Aircraft				
	ACTUAL CONTRACTOR OF PROPERTY.		staiteadistinatii, ris Armenterstone	Just a market administrative for the control of the	Company and the second of the			
UTHER AIRCRAFT = CO	OLLISION: (II	air or ground collision occur	ed, complete ti	his section for <i>other</i> a	urcraft) 🛴 📜 🞉			
				his section for o <i>ther</i> a	nircraft) :: :: :: :: :: :: :: :: :: :: :: :: ::			
Aircraft Registration Number N215TV		AMERICAN EUROCOPTER	₹	his section for <i>other</i> :				
Aircraft Registration Number	Manufacturer: Model: <u>AS 350</u>	AMERICAN EUROCOPTER	₹	his section for <i>other</i> a	Damage to Other Aircraft ☑ Destroyed ☐ Minor			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER	Manufacturer: Model: <u>AS 350</u> craft	AMERICAN EUROCOPTER B2	City: <u>P.O. BC</u>	DX 625, MARSHVILI	Damage to Other Aircraft ☑ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial:	Manufacturer: Model: <u>AS 350</u> craft RS, INC.	AMERICAN EUROCOPTER) B2	City: P.O. BO State: N.C.	DX 625, MARSHVILI ZIP: <u>28103</u>	Damage to Other Aircraft ☑ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name:	Manufacturer: Model: <u>AS 350</u> craft RS, INC.	AMERICAN EUROCOPTER) B2	City: <u>P.O. BC</u>	DX 625, MARSHVILI ZIP: <u>28103</u>	Damage to Other Aircraft ☑ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft	Manufacturer: Model: <u>AS 350</u> craft RS, INC.	AMERICAN EUROCOPTER) B2	City: P.O. BO State: N.C. Country: USA	DX 625, MARSHVILI ZIP: <u>28103</u>	Damage to Other Aircraft ☑ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name:	Manufacturer: Model: <u>AS 350</u> craft RS, INC.	AMERICAN EUROCOPTER) B2	City: P.O. BO State: N.C.	DX 625, MARSHVILI ZIP: <u>28103</u>	Damage to Other Aircraft ☑ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG	Manufacturer: Model: <u>AS 350</u> craft RS, INC.	AMERICAN EUROCOPTER) B2	City: P.O. BC State: N.C. Country: USA	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft ☑ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial:	Manufacturer: Model: AS 350 craft RS, INC.	AMERICAN EUROCOPTER B2	City: P.O. BC State: N.C. Country: USA City: State: Country:	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft ☑ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MEGHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manual	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure?	AMERICAN EUROCOPTER DB2 URE (If more space is need Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City: P.O. BO State: N.C. Country: USA City: State: Country: Usa	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft ☑ Destroyed ☐ Minor ☐ Substantial ☐ None			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MECHANICAL MALFUN Was there Mechanical Malfunc	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure?	AMERICAN EUROCOPTER DB2 URE (If more space is need Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City: P.O. BO State: N.C. Country: USA City: State: Country: Usa	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft Destroyed Minor None E Total Time/Cycles			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MEGHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manual	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure?	AMERICAN EUROCOPTER DB2 URE (If more space is need Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City: P.O. BO State: N.C. Country: USA City: State: Country: Usa	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft Destroyed Minor None E Total Time/Cycles On Part			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MEGHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manual	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure?	AMERICAN EUROCOPTER DB2 URE (If more space is need Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City: P.O. BO State: N.C. Country: USA City: State: Country: Usa	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft Destroyed Minor None Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MEGHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manual	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure?	AMERICAN EUROCOPTER DB2 URE (If more space is need Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City: P.O. BO State: N.C. Country: USA City: State: Country: Usa	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft Destroyed Minor None Substantial None Total Time/Cycles On Part Hours Cycles			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MEGHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manual	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure?	AMERICAN EUROCOPTER DB2 URE (If more space is need Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	City: P.O. BO State: N.C. Country: USA City: State: Country: Usa	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft Destroyed Minor None Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MECHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manus) NONE KNOWN	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure? [facturer, part no., s	AMERICAN EUROCOPTER B2 URE (If more space is need) Yes \(\) No \(\) Unknown Berial no., and describe the failure.)	City: P.O. BO State: N.C. Country: USA City: State: Country: Usa	DX 625, MARSHVILI ZIP: 28103	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours Hours			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MECHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manual NONE KNOWN	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure? [value of the content of	AMERICAN EUROCOPTER B2 URE (If more space is need Yes No Unknown the real no., and describe the failure.)	City: P.O. BO State: N.C. Country: USA City: State: Country: led, continue o	DX 625, MARSHVILI ZIP: _28103 ZIP: n separate sheet)	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled			
Aircraft Registration Number N215TV Registered Owner of Other Air First Name: U.S. HELICOPTER Middle Initial: Last Name: Pilot of Other Aircraft First Name: CRAIG Middle Initial: Last Name: SMITH MECHANICAL MALFUN Was there Mechanical Malfunc (If yes, list the name of the part, manus) NONE KNOWN	Manufacturer: Model: AS 350 craft RS, INC. ICTION/FAIL tion/Failure? [facturer, part no., s	AMERICAN EUROCOPTER B2 URE (If more space is need Yes No Unknown the real no., and describe the failure.)	City: P.O. BC State: N.C. Country: USA City: State: Country: USA	ZIP:	Damage to Other Aircraft Destroyed Minor Substantial None Total Time/Cycles On Part Hours Cycles Time Since This Part Inspected/Overhauled Hours Hours			

Description of Damage to Aircraft and	Other Property (use add	itional sheet if r	necessary)			
(v						
AIRPORT INFORMATION (If the	ne accident/incident occu	urred on appr	oach, takeoff or	within 3 miles	of an airpor	t, complete this section)
Airport Identifier:			Distance Fron	n Airport Cen	ter:	SM
Airport Name:			Direction Fro	m Airport:		degrees MAG
Proximity to Airport Off Airport/Airs	strip On Airport O	On Airstrip	Airport Eleva	tion:		ft. MSL
Approach Segment (Select one)						
☐ On Instrument Approach ☐ Land ☐ Crosswind ☐ Down		e leg Approach	□ F □ A	inal borted Landing (after touchdow	☐ Go Around
IFR Approach (Check all that apply)			VFR Approac			,
□ None □ PAR □ ADF/NDB □ Sidestep		Practice GPS	☐ None ☐ Traffic Patter			op and Go ouch and Go
SDF ILS	□ASR □	Loran	Straight-In		□ Si	mulated Forced Landing
□ VOR/TVOR □ Localizer Only □ VOR/DME □ LOC-back course	☐ Visual ☐ Contact	Unknown	☐ Valley/Terrain☐ Go Around	n Following		orced Landing recautionary Landing
TACAN RNAV	Circling		☐ Full Stop			nknown
Runway Information				-	_	(Check all that apply)
Runway ID:(L/R/C) Length:	ft Width:	ft	☐ Dry ☐ Holes	☐ Snow	-Compacted -Crusted	☐ Water-Calm ☐ Water-Choppy
Runway/Landing Surface (Check all that			Ice Covered	Snow		☐ Water-Glassy ☐ Wet
☐ Asphalt ☐ Grass/Turf ☐ Mac ☐ Concrete ☐ Gravel ☐ Met	cadam Water tal/Wood Unknown		☐ Rough ☐ Rubber Depos		-wet	Unknown
☐ Dirt ☐ Ice ☐ Sno	ow		Slush Covered	d Veget		
FLIGHT ITINERARY INFORMA		A. C. Colon	3.4.2W			
Last Departure Point	Time of Departure	Destination				t Plan Filed
Airport ID: SDL	Time: 12:32				☐ None ☐ Company	☐ VFR/IFR VFR ☐ IFR
City: SCOTTSDALE	Time Zone: MST				Military V	
State: AZ Country: USA	Time Zone: WCT			-	☐ VFR Activated?	☐ Yes ☐ No
Type of ATC Clearance/Service (Check of	all that apply)	Country:				
□ None □ Special VFR		ıl IFR		R Flight Followi	ng	Cruise
VFR ☐ IFR	□ VFR C	<u>-</u>	Tra	offic Advisory	<u> </u>	Unknown / NA
Airspace where the accident/incident oc Class A Class E	_	oly) nibited Area		☐ Jet Training	Area	☐ Special
☑ Class B ☐ Class G	Rest	ricted Area		☐ TRSA	Aleu	Air Traffic Control Area
Class C Demo Area Class D Warning Are		tary Operations ort Advisory A	` '	☐ FAR 93		Unknown
Aircraft Load Description (Check all that						
☐ None ☐ Towing Glide	er 🔲 Parac			Livestock		
☐ Passengers ☐ Towing Bann ☐ Cargo ☐ Other Externs		er mical/Fertilizer/	Seeds	Unknown		
FUEL & SERVICES INFORMA			2.75	e e e e e		
Fuel on Board at Last Takeoff	Fuel Type					
(convert from pounds, as necessary)	80/87	115/145	□ JP3	Othe	er, specify	
Gallons	☐ 100 Low Lead ☐ 100/130	✓ Jet A ☐ Automotive	☐ JP4 ☐ JP5			
Other Services, if Any, Prior to Departu	re					

EVACUATION OF ALL	RCRAFT		47	2416	Property and		THE STREET	1000	
Was an emergency evacuati	on of the aircraf	t performe	ed?	Yes	☑ No				
Method of Exit - Describe he	ow the occupants	exited and	how n	nany occupants	s evacuated each	loc	ation		
N/A .									
WEATHER INFORMA	TIONATETH	EACCI	DEN:	T/INCIDEN	T SITE	(4.)	4		300
Weather Observation Facility	ty			rce of Weather					f Briefing
Facility ID:		_	·	<i>ck all that apply)</i> lational Weather			Company '	(Check all i	** **
Observation Time:		_		light Service Sta			Military	Teletype	e
		_		V/Radio utomated Report	t		☐ Internet ☐ Unknown	☐ Telepho	one/Computer Radio
Distance from Accident Site:					her Service (DUA	TS)		☐ TV/Rad	lio
Direction from Accident Site:		rees MAG	Ligh	t Condition				Unknov Visibility	vn
Full	☐ Abbreviat	ed			Dusk		Dark Night	Visibility	
Partial / Limited By Pilot Partial / Limited By Briefer	Unknown Not Pertin		D		Night		Bright Night Not Reported		_ miles
Sky/Lowest Cloud Condition Clear		Ceiling	(-1)		011	I	estriction to Visibility	_	
☐ Few	Thin Broken Thin Overcast	☐ None ☐ Broke			Obscured Indefinite		None Blowing Dust	☐ Fog ☐ Gro	und Fog
☐ Partial Obscuration ☐ Scattered] Unknown	Overc	ast		Unknown		Blowing Sand Blowing Snow	☐ Haz ☐ Ice I	
Lowest Cloud Condition Hei	ght	Ceiling	Heigh			ĺ⊑	Blowing Spray	Smc	oke
	_ ft AGL				ft AGL	╎└] Dust	Unk	nown
Wind Direction	Wind Speed			Wind Gusts		T	ype of Turbulence (C)	neck all that a	apply)
☐ Indicated:	Velocity:	KTS		Velocity:	KTS	_	None In Clear Air Vicin	ouds ity of Thunde	arctorm
degrees MAG	-or- □ Calm			Guetine		ı –	everity of Turbulence		erstorm
☐ Variable	Light and Vari	able	Gusting Not Gusting		1	Extreme	erate		
								rate Chop	
NOTAMs (D, L and FDC)), AIRMETs, S	IGMETs.	, PIR	EPs in effect	at the time of	the	accident/incident		
Temperature:(C)	10	cing Forec			Type		Type of Precipitation ☐ None	n <i>(Check all</i> Drizzle	that apply)
or(F)		None		Moderate	Rime		☐ Rain [Ice Pellets	
Altimeter Setting:i	n. HG 📗 🦵	Trace Light	L_ S	Severe ·	☐ Clear ☐ Mixed			Snow Pello Snow Grai	
or N	-	ing Actua				-	Rain Showers	Ice Crysta	ls
Density Altitude:	" _	_ · Amoun	t		Type			Ice Pellets Freezing D	
Dew Point: (C) or(F)		None Trace		Moderate Severe	☐ Rime ☐ Clear		Intensity of Precipit	ation	
,		Light			Mixed		Light Mo		Heavy

The state of the s	TION:	Marian Co.	dan ta			THE REAL PROPERTY.	100	1 1965	A Property	69				
Pilot "A" Responsibilities at				_			_							
Pilot Co-Pilot	Student Pilot	Flight Ir	nstructor	Check Pilot	Flig	ht Engineer	Other	Flight Crew						
Pilot "A" Identification														
First Name: SCOTT					ity: PHO	ENIX								
Middle Initial: M.					tate: AZ		ZIP: <u>8501</u>	8	_					
Last Name: BOWERBANK Country: USA														
Age at time of Accident/Incident: Date of Birth: Certificate Number:														
Degree of Injury	Seat Occupie	d		Se	at Belt			Shoulder 1	Harness					
☐ None ☑ Fatal	Left	Front	Unkno	wn Us	ed	☐ Yes	□ No	Used	☐ Yes	☐ No				
☐ Minor ☐ Unknown ☐ Serious	Right Center	☐ Rear ☐ Single		A	ailable	Yes	□ No	Available	☐ Yes	☐ No				
Pilot Certificate(s) (Check all														
□ None □ Stud		☐ Recrea	ational	✓ Comme	raial	г] Flight Engi	maar	☐ Foreign					
	nt Instructor	Sport		Airline			U.S. Militar							
	Aedical Certificat	te		M	edical Cer	tificate Va	lidity	Date of I	ast Medica	al				
		Class 3	(G . D)			nitations/wa		08/2	2006					
		Driver's Licer Unknown	nse (Sport Pilot		With limita Unknown	ations/waive	rs	mm/da						
Medical Certificate Limitati	ons													
Medical Cartificate Waivers														
Medical Coltineate Walvers					Medical Certificate Waivers									
Date of Last Flight Paview		Flight	Paviay Aire	ove ft										
Date of Last Flight Review or Equivalent, Including		-	Review Airo											
		Make:			-	_								
or Equivalent, Including FAR 121/135 Checks:	mm/dd/yyyy	Make: Model:	:											
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s)	Other Aircraft I	Make: Model: Rating(s)	:Instrum	ent Rating(Instructo	r Rating(s)							
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply)	Other Aircraft I	Make: Model: Rating(s)	Instrum (Check al			Instructo (Check all	r Rating(s)	_	Linctromant	Airplana				
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land	Other Aircraft I	Make: Model: Rating(s)	:Instrum	ent Rating(Instructo (Check all	r Rating(s)		Instrument					
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea	Other Aircraft I (Check all that app. None Airship Free Balloon	Make: Model: Rating(s)	Instrum (Check al	ent Rating(Instructo (Check all None Airplan	r Rating(s) that apply) e Single-Enge e Multi-Engi	ine 🔽	Instrument I Helicopter					
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land	Other Aircraft I (Check all that app. None Airship Free Balloon Glider	Make: Model: Rating(s)	Instrum (Check al	ent Rating(Instructo (Check all None Airplan Gyropla	r Rating(s) that apply) e Single-Enge e Multi-Engine	ine 7	Instrument Helicopter Glider					
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea	Other Aircraft I (Check all that app. None Airship Free Balloon Glider Gyroplane Helicopter	Make: Model: Rating(s)	Instrum (Check al	ent Rating(Instructo (Check all None Airplan	r Rating(s) that apply) e Single-Enge e Multi-Engine	ine 7	Instrument I Helicopter					
or Equivalent, Including FAR 121/135 Checks: Airplane Rating(s) (Check all that apply) None Single-Engine Land Single-Engine Sea Multiengine Land Multiengine Sea	Other Aircraft I (Check all that app. None Airship Free Balloon Glider Gyroplane	Make: Model: Rating(s)	Instrum (Check al	ent Rating(Instructo (Check all None Airplan Gyropla Powered	r Rating(s) that apply) e Single-Eng e Multi-Engi ane d Lift	ine [Instrument Helicopter Glider Sport					
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PILOT "B" INFORMA	TION	191		Yh			300	in all	1990	400
Pilot "B" Responsibilities at the Time of Accident/Incident □ Pilot □ Co-Pilot □ Student Pilot □ Flight Instructor □ Check Pilot □ Flight Engineer □ Other Flight Crew										
	Student Pilot	Flight Inst	ructor L	Check P	ilot Fli	ight Engineer	Other	Flight Crew		
Pilot "B" Identification										
					City:		715			
Middle Initial:					Country:		ZIP:			
Last Name: Country:										
Age at time of Accident/Incident: Date of Birth: Certificate Number:										
Degree of Injury	Seat Occupied				Seat Belt			Shoulder l	Harness	
□ None □ Fatal			Unknow	n	Used		□ No	Used	Yes	☐ No
☐ Minor ☐ Unknown ☐ Serious		Rear Single			Available	☐ Yes	☐ No	Available	Yes Yes	□No
Pilot Certificate(s) (Check all that apply)										
☐ None ☐ Stud	ent	Recreation	onal	Con	mercial	. [] Flight Engi	neer	☐ Foreign	
Private	nt Instructor	Sport		Airl	ine Transport		U.S. Milita	ry		
l ' ' -	Medical Certificate					ertificate V	•	Date of I	ast Medica	ıl
	None ☐ Clas Class 1 ☐ Driv	ss 3 ⁄er's License	(Sport Pilo	t only)		limitations/wa itations/waive				
	Class 2 Unk		(opon i no		Unknown			mm/dd	<i>'yyyy</i>	
Medical Certificate Limitati	ons									
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Date of Last Flight Review		Flight Re	eview Air	craft						
or Equivalent, Including		_								
FAR 121/135 Checks:	mm/dd/yyyy	Model:					_			
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☐ Multiengine Land	Glider		Power			☐ Gyropia	ne		Glider	
☐ Multiengine Sea	☐ Gyroplane ☐ Helicopter					Powered	Lift		Sport	
	Powered Lift									
Type Ratings						Student E	ndorsemen	ts (Include de	ates)	
Flight Time (enter appropriate			Airplane			Inst	rument			
number of hours in each box)		Make Model	Single Engine	Airpla Multien		t Actual	Simulated	Rotorcraft	Glider	Lighter Than Air
Total Time										
Pilot in Command (PIC)										
Time as Instructor										
This Make/Model										!
Last 90 Days										
Last 30 Days										
Last 24 Hours										

ADDITIONAL FLIGHT CRE	W MEMBERS	(Exclusive of cabin a	attendants, complete the	followin	ig info	rmati	on)	
Pilot Name and Address							Degree of I	* •
First Name:		City:	ZIP:				None	Fatal
Middle Initial:		State:					☐ Minor ☐ Serious	Unknown
Last Name:	_	Country:						
Pilot Certificate(s) (Check all that		-					Seat Occup	led ☐ Front
☐ None ☐ Student ☐ Private ☐ Flight Instructor	☐ Recreational ☐ Sport	☐ Commercial ☐ Airline Transport	☐ Flight Engineer	L F¢	oreign		Right	Rear
Type Rating/Endorsement for			ime at the Time				Center	Single
Accident/Incident Aircraft?	Yes No	of this Accide	nt/Incident:	hrs				Unknown
Pilot Name and Address					, Total Filter ede	***************************************	Degree of I	niurv
		City	<u> </u>				None	☐ Fatal
First Name:Middle Initial:		State:	ZIP:				☐ Minor ☐ Serious	Unknown
Last Name:	<u>_</u>	Country:						
Pilot Certificate(s) (Check all that	t apply)						Seat Occup	
☐ None ☐ Student	Recreational	☐ Commercial ☐ Airline Transport	Flight Engineer	☐ Fo	oreign		☐ Left ☐ Right	☐ Front ☐ Rear
Private Flight Instructor	Sport		ime at the Time		_	-	Center	Single
Type Rating/Endorsement for Accident/Incident Aircraft?	Yes No	of this Accide		hrs				Unknown
Pilot Name and Address	\$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		and the state of t	Egit A. John Manay Andrews V	psteedddinos		Degree of I	njury
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Last Name:		Country:		_				
Pilot Certificate(s) (Check all that	t apply)						Seat Occup	
☐ None ☐ Student ☐ Private ☐ Flight Instructor	Recreational	☐ Commercial ☐ Airline Transport	☐ Flight Engineer ☐ U.S. Military	· □ Fo	oreign		☐ Left ☐ Right	☐ Front ☐ Rear
Private Flight Instructor Type Rating/Endorsement for	Sport		ime at the Time			\dashv	Center	Single
Accident/Incident Aircraft?	☐ Yes ☐ No		nt/Incident:	hrs				Unknown
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Name and Address First Name: JAMES Middle Initial: A.	PERSONNEL	City: PHOENI		ate sheet	Seat	Crew Non-	Revenue Non- Occupant FAA	Fatal Serious Injury Minor Injury Injury No Injury
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NARRATIVE HISTORY OF FLIG	HT/(Please type or print	in ink)	MACH CATELO	
Describe what occurred in chronological	al order, including circun	nstances leading to an	d nature of accident/inci	dent. Describe terrain and include
wreckage distribution sketch if pertinent.	Attach extra sheets if nec	eded. State time and po	oint of departure, intended	destination, and services obtained.
N613TV DEPARTED SDL AT APPROXIM/ COLLISION OCCURRED WITH N215TV. WERE DESTROYED.				
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DECOMMENDATION III		- 100		
RECOMMENDATION (How could to Operator/Owner Safety Recommendation	C11(19 1 10.74)	e been prevented?)		
operation of the current recommendation				
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HEREBY CERTIF	Y THAT THE	ABOVE INFORMAT	FION IS COMPL	ETE AND AC	CURATE TO T	HE BEST OF	MY KNOWLED	GE
Date of this Report	States Libert Distance of a Late Laters L.	nd Name of Pilot/Ope	CONTRACTOR OF THE PROPERTY OF	The late of the la	1220 Maria District	The state of the s	Mile Total State S	The Land of the sale
Date of this Asspect	Signature:	IN TABLE OF PROS OF	lator					
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Type or Print Name:	James	T. Aitken						
Title: (Statio	n. Man	ager KTV	<u>K-TU as</u>	ot 7/	27/2007	7		
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NTSB Accident/Incid	lont No R	Reviewed by NTSB Re		Name of Inv		Hill South Constitution	Data Report R	coolund
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